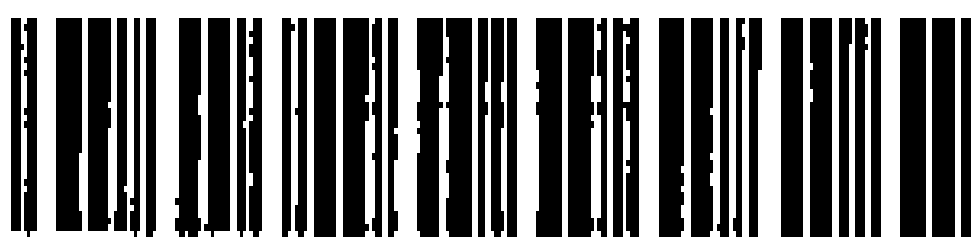

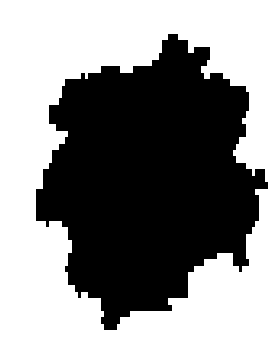
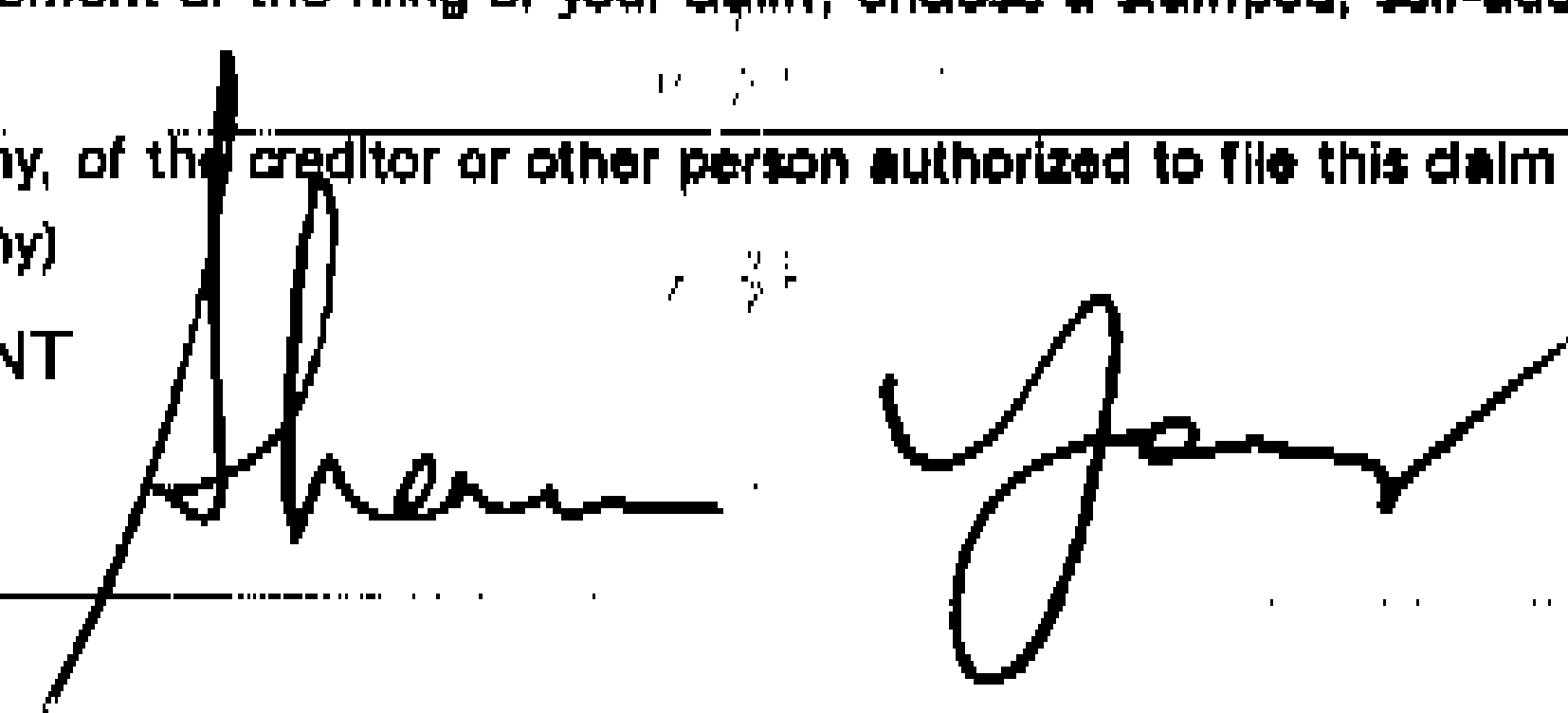


United States Bankruptcy Court		91	PROOF OF CLAIM		Case Number  00 - 35079																															
UNITED STATES District of: SOUTHERN City of: HOUSTON		Case Number: 00-35079 Chapter: 11 Cred. ID: 23-0397860		Creditor ID  23 - 0397860																																
<p>Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. sec.503.</p>																																				
Name of Creditor <i>(The person or other entity to whom the debtor owes money or property)</i> BELL ATLANTIC - PA,		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		United States Bankruptcy Court Southern District of Texas FILED AUG 03 2000 Michael N. Milby, Clerk 																																
SSN or TAX ID of Claimant 23-0397860																																				
Name and Address Where Notices Should be Sent SHANISE YOUNG CONSULTANT BELL ATLANTIC PO BOX 588 FAIR LAWN NJ 07410 Telephone Number: 800 427-9922																																				
Account or other number by which creditor identifies debtor: 814 362-1200; 570 644-1990		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">1. BASIS FOR CLAIM</th> <th style="width: 20%;">Itemized Charges</th> <th style="width: 15%;">Secured</th> <th style="width: 15%;">Unsecured</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Goods sold</td> <td>PRIN.</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> <td rowspan="5"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. sec.1114(b) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed From _____ To _____ <input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attached itemized statement of all additional charges. </td> </tr> <tr> <td><input checked="" type="checkbox"/> Services performed</td> <td>PRE PET.</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$236.05</td> </tr> <tr> <td><input type="checkbox"/> Money loaned</td> <td>LATE CHG.</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Personal Injury/wrongful death</td> <td>COST.</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Taxes</td> <td>POST PET.</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Other (Describe briefly)</td> <td>ARREAR.</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> </tbody> </table>						1. BASIS FOR CLAIM	Itemized Charges	Secured	Unsecured		<input type="checkbox"/> Goods sold	PRIN.	\$0.00	\$0.00	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. sec.1114(b) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed From _____ To _____ <input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attached itemized statement of all additional charges.	<input checked="" type="checkbox"/> Services performed	PRE PET.	\$0.00	\$236.05	<input type="checkbox"/> Money loaned	LATE CHG.	\$0.00	\$0.00	<input type="checkbox"/> Personal Injury/wrongful death	COST.	\$0.00	\$0.00	<input type="checkbox"/> Taxes	POST PET.	\$0.00	\$0.00	<input type="checkbox"/> Other (Describe briefly)	ARREAR.	\$0.00	\$0.00	
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2. DATE DEBT WAS INCURRED 8/ 1/2000			3. IF COURT JUDGEMENT, DATE OBTAINED:																																	
4. CLASSIFICATION OF CLAIM. Under Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured non-priority (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and state the AMOUNT of the claim at the TIME CASE FILED.																																				
<input type="checkbox"/> SECURED CLAIM <i>Attach evidence of perfection of security interest. Brief description of collateral:</i>		<input type="checkbox"/> UNSECURED PRIORITY CLAIM: \$0.00 Specify the priority of the claim.																																		
<input type="checkbox"/> 1. Real Estate <input type="checkbox"/> 2. Motor Vehicle <input type="checkbox"/> 3. Other 1. 2. 3. Amount of arrearage and other charges at time case filed Included in secured claim above, if any: \$0.00		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier - 11 U.S.C. sec.507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - U.S.C. sec.507(a)(4) <input type="checkbox"/> Up to \$1800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. sec.507(a)(6) * -Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. sec.507(a)(7). <input type="checkbox"/> Taxes or penalties of governmental units-11 U.S.C. sec.507(a)(7) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. sec.507(a): _____																																		
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$236.05 A claim is unsecured if there is no collateral or lien property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.																																				
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">\$ 236.05 (Unsecured)</td> <td style="text-align: center; width: 25%;">\$ 0.00 (Secured)</td> <td style="text-align: center; width: 25%;">\$ 0.00 (Priority)</td> <td style="text-align: center; width: 25%; border: 1px solid black;">\$ 236.05 (Total)</td> </tr> </table>						\$ 236.05 (Unsecured)	\$ 0.00 (Secured)	\$ 0.00 (Priority)	\$ 236.05 (Total)																											
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6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.																																				
7. SUPPORTING DOCUMENTS: <i>Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.</i>																																				
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.																																				
Date 8/ 1/2000		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) SHANISE YOUNG CONSULTANT BELL ATLANTIC 																																		

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